

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

Application or Docket Number

1004127

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	22	
FOR 01/08/02	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	22	minus 20 = 2
INDEPENDENT CLAIMS	6	minus 3 = 3
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

1-26-05

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	22	minus	- 22 - 2
Independent	6	minus	- 6 - 3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE <input type="checkbox"/>		OR	OTHER THAN SMALL ENTITY	
RATE	FEE		RATE	FEE
BASIC FEE	370.00	OR	BASIC FEE	740.00
X3 9=		OR	X318=	36
X42=		OR	X84=	452
+140=		OR	+280=	-
TOTAL		OR	TOTAL	1058

SMALL ENTITY TYPE <input type="checkbox"/>		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X3 9=		OR	X318=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	0
ADDITIONAL FEE		OR	ADDITIONAL FEE	

SMALL ENTITY TYPE <input type="checkbox"/>		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X3 9=		OR	X318=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	0
ADDITIONAL FEE		OR	ADDITIONAL FEE	

SMALL ENTITY TYPE <input type="checkbox"/>		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X3 9=		OR	X318=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	0
ADDITIONAL FEE		OR	ADDITIONAL FEE	

09/13/05

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	16	minus	- 22 -
Independent	6	minus	- 6 -
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

E.A.
05/12/06

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	16	minus	- 22 - 0
Independent	6	minus	- 6 - 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

* If the entry in column 1 is less than the entry in column 2, enter "0" in column 3.
 ** If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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